

2137
TKW

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|---|----|------------------------|---------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application No. | 09/822,548 |
| | | Filing Date | March 30, 2001 |
| | | First Named Inventor | Matthew Wood |
| | | Art Unit | 2137 |
| | | Examiner Name | Pyzocha, Michael J. |
| Total Number of Pages in This Submission | 13 | Attorney Docket Number | 42390P10451 |

| ENCLOSURES (check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return receipt postcard and First Class Certificate of mailing</div> |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Aslam A. Jaffery, Reg. No. 51,841 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature | |
| Date | 12-15-05 |

| CERTIFICATE OF MAILING/TRANSMISSION | | | |
|--|------------------|------|---------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | |
| Typed or printed name | Krista Mathieson | Date | Dec. 15, 2005 |
| Signature | | | |



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | 09/822,548 |
| Filing Date | March 30, 2001 |
| First Named Inventor | Matthew Wood |
| Examiner Name | Pyzocha, Michael J. |
| Art Unit | 2137 |
| Attorney Docket No. | 42390P10451 |

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--------|---|---|----------|---|---|----------------|---|----------------|--|---|----------|---|----------|---|------------------------------------|--------------------|------------------------------------|----|---|------------------------------------|---|------------------------------------|---|--------|---|---|--------|---|--------|--------------------|--|--|--|--|--|---|--|---|--|
| Total Claims | <table><tr><td>17</td><td>-</td><td>24*</td><td>=</td><td><table><tr><td>0</td></tr></table></td><td>x</td><td><table><tr><td>Fee from below</td><td><table><tr><td>50.00</td></tr></table></td><td>=</td><td><table><tr><td>Fee Paid</td><td><table><tr><td>\$0.00</td></tr></table></td></tr></table></td></tr><tr><td>Independent Claims</td><td><table><tr><td>3</td></tr></table></td><td>-</td><td>3*</td><td>=</td><td><table><tr><td>0</td></tr></table></td><td>x</td><td><table><tr><td>200.00</td></tr></table></td><td>=</td><td><table><tr><td>\$0.00</td></tr></table></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>=</td><td></td></tr></table></td></tr></table> | 17 | - | 24* | = | <table><tr><td>0</td></tr></table> | 0 | x | <table><tr><td>Fee from below</td><td><table><tr><td>50.00</td></tr></table></td><td>=</td><td><table><tr><td>Fee Paid</td><td><table><tr><td>\$0.00</td></tr></table></td></tr></table></td></tr><tr><td>Independent Claims</td><td><table><tr><td>3</td></tr></table></td><td>-</td><td>3*</td><td>=</td><td><table><tr><td>0</td></tr></table></td><td>x</td><td><table><tr><td>200.00</td></tr></table></td><td>=</td><td><table><tr><td>\$0.00</td></tr></table></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>=</td><td></td></tr></table> | Fee from below | <table><tr><td>50.00</td></tr></table> | 50.00 | = | <table><tr><td>Fee Paid</td><td><table><tr><td>\$0.00</td></tr></table></td></tr></table> | Fee Paid | <table><tr><td>\$0.00</td></tr></table> | \$0.00 | Independent Claims | <table><tr><td>3</td></tr></table> | 3 | - | 3* | = | <table><tr><td>0</td></tr></table> | 0 | x | <table><tr><td>200.00</td></tr></table> | 200.00 | = | <table><tr><td>\$0.00</td></tr></table> | \$0.00 | Multiple Dependent | | | | | | | | = | |
| 17 | - | 24* | = | <table><tr><td>0</td></tr></table> | 0 | x | <table><tr><td>Fee from below</td><td><table><tr><td>50.00</td></tr></table></td><td>=</td><td><table><tr><td>Fee Paid</td><td><table><tr><td>\$0.00</td></tr></table></td></tr></table></td></tr><tr><td>Independent Claims</td><td><table><tr><td>3</td></tr></table></td><td>-</td><td>3*</td><td>=</td><td><table><tr><td>0</td></tr></table></td><td>x</td><td><table><tr><td>200.00</td></tr></table></td><td>=</td><td><table><tr><td>\$0.00</td></tr></table></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>=</td><td></td></tr></table> | Fee from below | <table><tr><td>50.00</td></tr></table> | 50.00 | = | <table><tr><td>Fee Paid</td><td><table><tr><td>\$0.00</td></tr></table></td></tr></table> | Fee Paid | <table><tr><td>\$0.00</td></tr></table> | \$0.00 | Independent Claims | <table><tr><td>3</td></tr></table> | 3 | - | 3* | = | <table><tr><td>0</td></tr></table> | 0 | x | <table><tr><td>200.00</td></tr></table> | 200.00 | = | <table><tr><td>\$0.00</td></tr></table> | \$0.00 | Multiple Dependent | | | | | | | | = | | | |
| 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee from below | <table><tr><td>50.00</td></tr></table> | 50.00 | = | <table><tr><td>Fee Paid</td><td><table><tr><td>\$0.00</td></tr></table></td></tr></table> | Fee Paid | <table><tr><td>\$0.00</td></tr></table> | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Paid | <table><tr><td>\$0.00</td></tr></table> | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | <table><tr><td>3</td></tr></table> | 3 | - | 3* | = | <table><tr><td>0</td></tr></table> | 0 | x | <table><tr><td>200.00</td></tr></table> | 200.00 | = | <table><tr><td>\$0.00</td></tr></table> | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Large Entity | | Small Entity | | Fee Description | | |
|--------------|----------|--------------|----------|---|------|------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | |
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 | | |
| 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 | | |
| 1203 | 360 | 2203 | 180 | Multiple Dependent claim, if not paid | | |
| 1204 | 300 | 2204 | 150 | **Reissue independent claims over original patent | | |
| 1205 | 300 | 2205 | 150 | **Reissue claims in excess of 20 and over original patent | | |
| SUBTOTAL (1) | | | | <table><tr><td>(\$)</td><td>0.00</td></tr></table> | (\$) | 0.00 |
| (\$) | 0.00 | | | | | |

**or number previously paid, if greater, For Reissues, see below

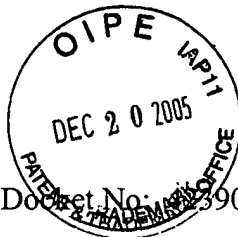
2. ADDITIONAL FEES

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|---------------------------|----------|--------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 2053 | 130 | 2053 | 130 | Non-English specification | |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month | |
| 1252 | 450 | 2252 | 225 | Extension for reply within second month | |
| 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | |
| 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | |
| 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | |
| 1401 | 500 | 2401 | 250 | Notice of Appeal | |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | |
| 1403 | 1,000 | 2403 | 500 | Request for oral hearing | |
| 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding | |
| 1460 | 130 | 2460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| Other fee (specify) _____ | | | | | |
| SUBTOTAL (2) | | | | | |
| | | | | (\$) | |

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|------------------|-----------------------------------|----------|-----------|----------------|
| Name (Print/Type) | Aslam A. Jaffery | Registration No. (Attorney/Agent) | 51,841 | Telephone | (303) 740-1980 |
| Signature | | Date | 12-05-05 | | |



Our Docket No.: 42390P10451

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Matthew D. Wood) Examiner: Pyzocha, Michael J.
Application No: 09/822,548) Art Unit: 2137
Filed: March 30, 2001)
For: Enhancing Entropy In Pseudo-Random)
Number Generators Using Remote)
Sources)
_____)

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 21, 2005, Applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: December 15, 2005

Name of Person Mailing Correspondence: Krista Mathieson

Krista Mathieson
Signature

December 15, 2005
Date